

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495112	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OR SUPPLIER VIRGINIA BAPTIST HOSPITAL DIVISION / GUGGENHEIMER			STREET ADDRESS, CITY, STATE, ZIP CODE 3300 RIVERMONT AVE LYNCHBURG, VA 24503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>INITIAL COMMENTS</p> <p>A COVID-19 Focused Infection Control Survey was conducted 05/19/2020 through 05/20/2020 and on 06/17/2020. The facility was in substantial compliance with 42 CFR Part 483.80 infection control regulations, and has implemented the CMS and Centers for Disease Control (CDC) recommended practices to prepare for COVID-19.</p> <p>On 05/19/2020 the census in this 130 certified bed facility was 69. There were no cases of COVID-19 in the facility. The facility reported they had tested 36 residents, all with negative results. They had not tested employees.</p> <p>On 06/17/2020 the census was 78. There were no cases of COVID-19 in the facility. The facility reported they had a cumulative total of 152 residents tested. This number included 77 residents that had been tested that morning (one resident refused). Those 77 test results were pending, the other 75 tests were reported as negative. A total of 177 employees had been tested, 142 test results were pending. The other 35 were reported as negative.</p>	F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.